

Index of Claims

Application/Control No.
Applicant(s)/Patent under Reexamination
NO NAME
Examiner

Art Unit

<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
<input type="checkbox"/>	Restricted

<input type="checkbox"/>	Non-Elected
<input type="checkbox"/>	Interference

<input type="checkbox"/>	Appeal
<input type="checkbox"/>	Objected

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Original	
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Claim	Date
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